Somerset County Council.

THE COUNTY EDUCATION COMMITTEE

Annual Report

OF THE

PRINCIPAL SCHOOL MEDICAL OFFICER

For the Year 1959

J. F. DAVIDSON, O.B.E., M.B., Ch.B., D.P.H.,

County Medical Officer of Health.
Principal School Medical Officer.

SOMERSET COUNTY COUNCIL

With the Compliments of the
County Medical Officer of Health
and
Principal School Medical Officer

County Health Dept.,
County Hall,
Taunton, Somerset.

H/N/6.

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To the Chairman and Members of the Education Committee of the Somerset County Council

Madam Chairman, Ladies and Gentlemen,

I have the honour to submit my Twenty-third Annual Report on the School Health Services in Somerset.

In the main, the Report deals with the facts and figures required by the Ministry of Education, but in many sections individual officers have made notes about their particular work, and, in this way a human interest is given to the Report.

Generally, the health and well-being of Somerset children remain at the high level to which we have become accustomed through the years, but, in this work, there is always the challenge of the future, and the need for constant and watchful attention to all phases of child life and its development.

In the work of my Department, we are aware constantly of the generous and so very efficient assistance which is given us at all times by the Headmasters and Headmistresses and their staffs. It is not too much to say that their help and interest in anything directed to the health and welfare of their children are evident in all our affairs, and I am most grateful to them for all they do to assist the work of my officers.

Finally, I am indebted to Dr. Fay for his help in dealing with the detail of this Report, and again, I would draw your attention to the good work of your Medical, Dental and Nursing staffs, and to the patient, steady and efficient services of the clerical staff. To the Education Department and to the other Departments of the County Council I would record my thanks, not only for their assistance but for their friendly co-operation.

I am,

Yours faithfully,

J. F. DAVIDSON,

Principal School Medical Officer.

County Hall,
Taunton.

April, 1960.

ORGANISATION

STAFF

Principal School Medical Officer.

J. F. DAVIDSON, O.B.E.; M.B., Ch.B., D.P.H.

Deputy Principal School Medical Officer.

L. FAY, M.D., D.P.H.

Divisional Medical Officers.

L. FAY, M.D., D.P.H. (Taunton).
P. P. FOX, M.B., Ch.B., D.P.H. (Yeovil).
D. McGOWAN, M.B., Ch.B., D.P.H. (Weston-super-Mare).
R. H. WATSON, M.B., Ch.B., B.A.O., D.P.H. (Bridgwater).

School Medical Officers.

BEATRICE I. BING, M.B., B.S.
M. JOAN COOKE, M.B., B.S., D.P.H.
R. H. G. H. DENHAM, M.D., D.P.H.
EVELYN S. ELLIOTT, M.B., B.S., D.R.C.O.G.
D. G. EVANS, M.R.C.S., L.R.C.P., D.P.H.
E. L. FAWSSETT, M.B.E., B.A. (Hons.), M.R.C.S., L.R.C.P., D.P.H.
A. M. McCALL, M.R.C.S., L.R.C.P., D.P.H.
CHRISTINE M. ROOKE, M.B., B.S.
MARGARET I. ROSS, M.B., Ch.B., D.P.H.
MARJORIE L. STEWART, M.B., Ch.B., D.P.H.
T. S. STIRLING, M.B., Ch.B., D.P.H.
A. RUTH E. WIDDOWS, M.B., Ch.B., D.Obst.R.C.O.G. (resigned 8.12.59.)

School Ophthalmologists.

K. J. HIGHAM, M.B., L.M.S.S.A., D.O.M.S.)
R. L. N. STEWART, M.B., Ch.B., D.O.) By arrangement with Regional Hospital Board.
A. ERIC WILSON, M.R.C.S., L.R.C.P., D.O.M.S.)

Principal School Dental Officer.

QUENTIN DAVIES, L.D.S., R.C.S.(Eng.).

County Orthodontist.

N. M. POULTER, L.D.S., D.D.O.

School Dental Officers.

W. A. ALLEN, B.D.S., L.D.S.
C. E. AMOS, B.D.S.
A. C. S. BARNARD, L.D.S., R.C.S.(Eng.)
W. E. L. BRIGHAM, L.D.S., R.C.S.(Eng.) (from 27.4.59)
A. E. DOLBY, L.D.S., R.C.S. (resigned 18.9.59)
Mrs. B. J. W. DOLBY, B.D.S., L.D.S., R.C.S. (resigned 18.9.59)
E. R. HEATHCOTE, L.D.S., R.C.S.(Eng.)
T. S. LONGWORTH, L.D.S., R.C.S.
S. R. LUTON, L.D.S., R.C.S.(Eng.) (part-time) (from 9.11.59)
P. T. MACKEY, L.D.S., R.C.S.(Ireland) (from 7.9.59)

H. F. METCALF, L.D.S., R.C.S.(Eng.) (part-time)
K. H. OOI, L.D.S.(V.U.Manc.) (resigned 31.10.59)
L. E. SCULL, L.D.S.
Mrs. G. M. WALKER, L.D.S.(part-time)
S. B. WHITLEY, B.D.S., L.D.S.
T. B. H. WOOD, B.D.S. (part-time) (resigned 11.3.59)

Child Guidance Team.

FRANK BODMAN, M.D., D.P.M. (Director)
K. C. BAILEY, M.A.(Cantab.), B.A., M.D., M.B. B.Ch., M.R.C.S., L.R.C.P., D.P.M. (Part-time Consultant Psychiatrist)) By arrangement with the Regional Hospital Board.
M. F. BETHELL, M.D., D.P.M. (Part-time Consultant Psychiatrist))
Mrs. F. BODMAN (Part-time Psychiatric Social Worker)
Miss S. PULLEN (Psychiatric Social Worker)
W. ROBERTSON, M.A., Ed.B., A.B.Ps.S. (Senior Educational Psychologist))
Miss K. BLYTHEN, B.A. (Educational Psychologist)) Education Staff
Mrs. M. DICKINSON, M.A., Dip.Ed. (Educational Psychologist))

Speech Therapists.

Miss N. COGGON
Miss M. J. HENSHAW
Miss J. KENYON (from 1.9.59)
Miss J. SAMUEL (part-time) (from 30.9.59)

Visiting Orthopaedic Surgeons.

R. A. J. BAILY, F.R.C.S.)
A. E. BURTON, F.R.C.S.) By arrangement
HEDLEY HALL, F.R.C.S.) with Regional
H. K. LUCAS, F.R.C.S., M.Ch.(Orth.)) Hospital Board
T. PRICE, M.B., M.Ch.(Orth.))

MEDICAL INSPECTION

14,859 general medical inspections were carried out in the prescribed age groups as compared with 16,296 in 1958. In addition, 10,784 (15,262 in 1958) re-examinations and special examinations, i.e. examinations particularly requested by the School Medical Officer, the teacher or the parent, were carried out. Although the School Health Service has many activities, the periodic and special examinations carried out in the schools form the bulk of the work in normal years. A total of sixteen School Medical Officers is engaged in the clinical side of this work, but as most of these Officers have duties other than school work, they are equivalent to nine medical officers engaged entirely on school health work in all its ramifications.

The medical inspection figures for 1959 are set out in the Tables at the end of this Report in the form recommended by the Ministry of Education.

ATTENDANCE OF PARENTS

One of the most genuine tributes to the value of the School Health Service is the fact that the attendance of parents continues to be high.

		(1958)
Entrants' examinations	86%	(87%)
Intermediates' examinations ...	55%	(64%)
Leavers' examinations	5%	(9%)

These figures are approximately equal to those of other rural counties. The very low figure for leavers' examinations is due to the reluctance of many of the older children to have their parents present and also the modern system of children travelling long distances, up to 20 miles, to the secondary schools, rendering attendance of parents difficult.

PHYSICAL CONDITION

This is a wide term including such matters as nutrition, physique, posture, energy, etc. It is rare indeed to find a Somerset school child who is graded U, i.e. unsatisfactory, as will be seen in the following table:—

CLASSIFICATION OF THE PHYSICAL CONDITION OF PUPILS IN ALL AGE GROUPS INSPECTED DURING 1959

S	(Satisfactory)	99.6%
U	(Unsatisfactory)	0.4%

DEFECTS FOUND REQUIRING TREATMENT

In the course of 25,600 examinations some of the more common defects referred for treatment were:—

	1959	(1958)
Various orthopædic defects	761	(838)
Defective vision	1,470	(1,774)
Squint	212	(221)
Hearing	69	(129)
Aural defects	159	(246)
Cardiac	28	(46)
Nose and Throat	387	(435)
Psychological defects ...	102	(146)
Lungs	135	(148)

TONSILS AND ADENOIDS

The number of operations for removal of tonsils and adenoids in 1959 was 919, the average in recent years being 1,100.

ANNUAL CONFERENCE OF SCHOOL MEDICAL OFFICERS

AUDIOMETER SURVEY

Any child suspected by a school medical officer, speech therapist or educational psychologist, of having some impairment of hearing can be referred for a hearing test at a convenient centre. There are Gramophone Audiometers at Bridgwater, Weston-super-Mare and Yeovil, and a Pure Tone Audiometer is in use in the Taunton Divisional Area. Group testing of children was only possible during the year in the Weston-super-Mare and Yeovil Areas, and a summary of the results of tests made in all four Areas is given below:—

	Bridgwater	Taunton	Weston-super-Mare	Yeovil
No. of children tested ...	31	4	222	475
No. of children re-tested ...	6	0	42	72
No. of children found to have some impairment of hearing	0	0	7	11

Where indicated, a child found to have a hearing defect is referred through the private practitioner to an Ear, Nose and Throat Specialist for investigation.

CHILD GUIDANCE

Dr. F. Bodman, the Director of the Child Guidance Team, has submitted the following report:—

The Child Guidance Services were strengthened by the appointment of

their own way. These mothers can benefit from discussions with the psychiatric social worker and thus achieve a more sensible attitude to their children.

Another group of parents is that whose own childhood has been unhappy because of harsh or overstrict management. Resolved that their own children shall have a better time, they swing to the opposite extreme and indulge their youngsters in every direction.

Behaviour disorders may be the reaction of a normal child to an abnormal family atmosphere. An indifferent father, who takes no interest in the children and no responsibility for their correction, may be counterbalanced by an indulgent mother, whose supervision is so lax that she does not know where her

children spend their leisure time or who their companions may be. Home then becomes a place where the boy "hangs up his hat" and of little more significance.

At the other end of the scale is the abnormal child who, because of constitutional instability, is unable to benefit from the training of a normal home. The parents are at a loss because normal disciplinary methods and punishments are without effect.

In between the extremes of abnormal environment and abnormal constitution comes the majority of cases of behaviour-disorder, where both environmental and constitutional factors are operative.

Naturally it is important that both children and parents are involved in the diagnosis and treatment. Lack of affection, rejection by one or both parents, may be an important factor in the child's misbehaviour, but it is not the sole cause. Lack of fair discipline and appropriate supervision may be even more significant in predisposing to difficult behaviour. The parents of a constitutionally unstable child often have great difficulty in accepting the fact of his limitations, and, even when the diagnosis has been established, need help in adjusting their attitudes to this unwelcome information. It may require several interviews before they can reconcile themselves.

The investigation of these "disorderly" children is therefore a complicated affair, which calls for the skills of each member of the Child Guidance Team. Even when a diagnosis of the causes has been established, a variety of treatments, psychotherapeutic, medical, educational, may need to be mobilised for the child, and considerable casework required to encourage and support the parents in the necessary change of attitudes.

As the Lancet comments this month (January 1960), "the evidence suggests that it is the antisocial child rather than the neurotic who is most in need of nelp"

PSYCHIATRIC SOCIAL WORKERS

An important and essential member of the Child Guidance Team is the psychiatric social worker, whose normal work takes her frequently into the home, where many of the troubles arise. It is a matter of real regret that for at least two years one full-time and one part-time psychiatric social worker have been endeavouring to cope with the work for which the minimum establishment is three.

The work for the year can be summarised as follows:—

Cases referred to Child Guidance Clinics	289
Total number of cases seen by Psychiatrists ... ... (including 124 electro-encephalographic examinations, 80 of which were Court cases)	688
Cases seen by Educational Psychologists in schools and at clinics	945
School and Hostel visits paid by Educational Psychologists	819
Home visits and Clinic interviews by Psychiatric Social Workers	844
Schools, Hostels and Children's Homes visited by Psychiatric Social Workers	10
Cases closed during the year	274

CASES RECEIVING TREATMENT

Psycho-therapy by Psychiatrists	134
Drug-therapy by Psychiatrists ... ... (including 14 cases subsequently found to be epileptic)	99
Remedial coaching by Educational Psychologists ...	2

CLEANLINESS SCHEME

In order to secure and maintain cleanliness amongst school children, particularly as regards verminous heads, the County Health Visitors and other authorised nurses make regular systematic inspections in the junior schools and visit other schools as requested. Approximately 132,800 examinations were carried out during 1959.

In pre-war years, 20 per 1,000 of all children so examined were found to be verminous. Soon after the war the figure dropped to 10 per 1,000. In 1957 the figure reached a record low level of 2.5 per 1,000, but in 1959 there was a slight increase to 2.7 per 1,000 children examined.

DEAF CHILDREN

HEARING ASSESSMENT CLINIC

Dr. R. H. Watson has continued to attend, as the representative of the Somerset School Health Service, the Hearing Assessment Clinics arranged by Mr. Graeme Allan.

During the year four meetings of the Hearing Assessment Clinic were held at Musgrove Park Hospital, Taunton. Two children were removed from the register and eight new cases were admitted.

It is felt that the clinic fully justifies its early promise and plays a useful part in ensuring the wellbeing of deaf children, particularly those whose handicap is only partial and which, therefore, is not always fully appreciated by the child's associates. Many parents expressed their appreciation of the service provided by the clinic.

The youngest new case seen at the clinic was a little girl aged 5 months who was found to have severe loss of hearing in both ears and who has been provided with a transistor hearing aid. Another interesting case was a girl who attended a number of clinics but whose disability had not been accurately ascertained, and who was, therefore, a subject of conflicting reports and recommendations. There was considerable doubt as to her degree of deafness, if any, and she was presenting a behaviour problem in the ordinary school. It was not possible to deal with this case as an out-patient and she was admitted to Musgrove Park Hospital for a period for observation and assessment. She was subsequently ascertained as being a partially deaf pupil and was admitted to the Exeter School for the Deaf.

Number of children attending nursery, primary, secondary and technical schools in the County	70,627
1. Number of pupils inspected by the Authority's Dental Officers:—	
(a) At Periodic inspections	28,318
(b) As Specials	2,565
Total (1) ...	30,883
2. Number found to require treatment	22,009
3. Number offered treatment	17,335
4. Number actually treated	10,619
5. Number of attendances made by pupils for treatment (including Orthodontic patients)	30,892
6. Half-days devoted to —	
Periodic (School) Inspection	361
Treatment	5,390
Total (6) ...	5,751
7. Fillings —	
Permanent teeth	20,350
Temporary teeth	6,717
Total (7) ...	27,067
8. Number of teeth filled —	
Permanent teeth	16,956
Temporary teeth	5,676
Total (8) ...	22,632
9. Extractions —	
Permanent teeth	3,469
Temporary teeth	9,683
Total (9) ...	13,152
10. Administration of general anæsthetics for extraction	3,802
11. Orthodontics —	
(a) Cases commenced during the year	402
(b) Cases carried forward from previous year ...	784
(c) Cases completed during the year	273
(d) Cases discontinued during the year	41
(e) Pupils treated with appliances	488
(f) Removable appliances fitted	673
(g) Fixed appliances fitted	53
(h) Total attendances	5.771
12. Number of pupils supplied with artificial dentures ...	94

13. Other operations –

Permanent teeth	22,197
Temporary teeth	4,445
Total(13)...	26,642

The following figures relate to the output of the County Dental Laboratory so far as the School Dental Service is concerned:–

Dentures, full	3
Dentures, partial	109
Orthodontic appliances	704
Reference models	2,512
Repairs	143
Jacket crowns	2
Inlays	1

DIPHTHERIA IMMUNISATION

During the year, 322 (469) children, who had not been immunised before reaching school age, received a primary course of two injections, and a further 3,240 (3,561) children were given single reinforcing injections. The figures in brackets are those for 1958.

There were no cases of diphtheria reported during the year, and the last proved case in Somerset occurred in 1955, but it must be stressed that the disease could return again if a high level of immunisation were not maintained. 4,429 children aged under 1 year were immunised during 1959, the total number of live births in 1958 being 7,539.

MILK-IN-SCHOOLS SCHEME

In spite of the very warm weather experienced during 1959, the number of complaints received was surprisingly few. Contrary to expectations, the milk sample results were far better than for the preceding year and only two cases were reported of glass splinters having been found in the milk. As I have so often mentioned, until glass bottles are replaced by cartons, complaints of this kind will always be occurring. It is interesting to hear that other counties are now using cartons and, according to reports received, they are proving a great success. It is to be hoped that such containers will soon be used in Somerset.

Full details concerning types of milk supplied to schools and the number of children taking milk, together with the sample results for the year, are set out in Tables I, II and III.

The information given in Table II is based on a census of children taking milk on one particular day in October. Although the total percentage figure is slightly below that for the preceding year (76.85% compared with 77.08%), it is estimated that the number of regular milk drinkers is slightly higher.

TABLE I

Type of School (1)	Total No. of each type (2)	Type of milk supplied to Schools (October, 1959) with percentages			
		Pasteurised (3)	% (4)	T.T. (5)	% (6)
Primary	423	420	99.29	3	0.71
Secondary Modern	49	49	100.00	—	—
" Grammar ...	20	20	100.00	—	—
" Technical ...	3	3	100.00	—	—
Nursery	2	2	100.00	—	—
TOTALS	497	494	99.4	3	0.6
Non-Maintained	121	119	98.3	2	1.7

TABLE II

Type of School (1)	No. of Registered Children (6th October, 1959) (2)	Children taking milk		Quantity of milk consumed, in one-third pints, 6th October, 1959			
		Number (3)	% (4)	Pasteurised (5)	% (6)	T.T. (7)	% (8)
Primary	39,893	35,656	89.38 (88.80)	35,583	99.79	73	0.21
Secondary Modern	22,080	13,651	61.82 (61.79)	13,651	100.00	—	—
" Grammar	7,574	4,214	55.67 (54.72)	4,214	100.00	—	—
" Technical	417	226	54.20 (59.65)	226	100.00	—	—
Nursery	79	79	100.00 (100.00)	79	100.00	—	—
TOTALS ..	70,043	53,826	76.85 (77.08)	53,753	99.86	73	0.14
Non-Maintained ...	(Number present) 13,690	11,649	85.1	11,378	97.67	271	2.33

NOTE: The figures in brackets denote the percentage of children taking milk as at October, 1958.

SAMPLING OF MILK SUPPLIES TO SCHOOLS AND OTHER COUNTY COUNCIL ESTABLISHMENTS

TABLE III

BACTERIOLOGICAL EXAMINATIONS – SAMPLES TAKEN IN 1959

	Pasteurised		T.T.		Total	% Unsat.
	Sat.	Unsat.	Sat.	Unsat.		
Schools	703	1	51	9	764	1.3
School Kitchens	149	1	–	1	151	1.3
Self-contained Canteens ...	361	1	40	11	413	2.9
Residential Nurseries, Day Nurseries and Children's Homes	106	1	35	4	146	3.4
Mental Health Training Centres	28	–	–	–	28	–
TOTAL ...	1,347	4	126	25	1,502	1.9

In addition to the above bacteriological examinations, the County Analyst examined 542 samples for fats and solids-not-fat. In 5 cases the presumptive standard of 3.0% fat was not reached, and 3 samples were below 8.5% solids-not-fat.

MINOR AILMENTS CLINICS

The number of children treated or examined at the Minor Ailments Clinics was 2,323.

In addition to the normal functioning of the clinics, the premises are extremely useful for a variety of purposes, such as immunisation sessions, superannuation examinations, mass radiography sessions, and the various accessory services.

BRIDGWATER SCHOOL CLINIC

Reason for examination or treatment	Examined only	Treated					Total examined or treated	Attendance at Clinics
		Cured	Improved	Unrelieved	Under treatment	Total treated		
Fitness for school or special schools	0	0	0	0	0	0	0	0
Vision testing	30	0	0	0	0	0	30	35
External eye diseases ...	0	21	0	0	0	21	21	32
Ear defects:								
Otorrhoea, etc. ...	0	40	0	0	2	42	42	128
Deafness								
Ringworm	0	0	0	0	0	0	0	0
Impetigo	0	19	0	0	1	20	20	58
Scabies	0	12	0	0	0	12	12	34
Minor skin injuries and septic sores	0	740	0	0	4	744	744	1,220
Other skin diseases ...	0	155	0	0	2	157	157	303
Other conditions	0	205	0	0	2	207	207	348
Verminous conditions ...	0	16	0	0	0	16	16	16
TOTALS ...	30	1,208	0	0	11	1,219	1,249	2,174

FROME SCHOOL CLINIC

Reason for examination or treatment	Examined only	Treated					Total examined or treated	Attendance at Clinics
		Cured	Improved	Unrelieved	Under treatment	Total treated		
Fitness for school or special schools	3	0	0	0	0	0	3	3
Vision testing	5	0	0	0	0	0	5	5
External eye diseases ...	0	1	1	0	0	2	2	4
Ear defects:								
Otorrhoea, etc.	3	0	0	0	0	0	3	3
Deafness	1	0	0	0	0	0	1	1
Ringworm	0	0	0	0	0	0	0	0
Impetigo	0	2	0	0	0	2	2	5
Scabies	0	0	0	0	0	0	0	0
Minor skin injuries and septic sores	0	3	0	0	0	3	3	6
Other skin diseases ...	0	16	1	0	0	17	17	64
Other conditions	48	3	0	1	0	4	52	57
Verminous conditions ...	0	0	0	0	0	0	0	0
TOTALS ...	60	25	2	1	0	28	88	148

TAUNTON SCHOOL CLINIC

Reason for examination or treatment	Examined only	Treated					Total examined or treated	Attendance at Clinics
		Cured	Improved	Unrelieved	Under treatment	Total treated		
Fitness for school or special schools	1	0	0	0	0	0	1	2
Vision testing	9	0	0	0	0	0	9	9
External eye diseases ...	0	3	0	0	0	3	3	14
Ear defects:								
Otorrhoea, etc.	0	2	0	0	0	2	2	8
Deafness	0	5	0	0	0	5	5	10
Ringworm	0	0	0	0	0	0	0	0
Impetigo	0	9	0	0	0	9	9	45
Scabies	0	0	0	0	0	0	0	0
Minor skin injuries and septic sores	2	92	0	1	1	94	96	445
Other skin diseases ...	0	1	0	0	0	1	1	4
Other conditions	117	83	4	1	5	93	210	550
Verminous conditions ...	0	5	0	0	0	5	5	14
TOTALS ...	129	200	4	2	6	212	341	1,101

WESTON-SUPER-MARE SCHOOL CLINIC (BOURNVILLE)

Reason for examination or treatment	Examined only	Treated					Total examined or treated	Attendance at Clinics
		Cured	Improved	Unrelieved	Under treatment	Total treated		
Fitness for school or special schools ...	0	0	0	0	0	0	0	0
Vision testing	87	0	0	0	0	0	87	87
External eye diseases	0	0	0	0	0	0	0	0
Ear defects:								
Otorrhœa, etc. ...	0	0	0	0	0	0	0	0
Deafness	0	0	0	0	0	0	0	0
Ringworm	0	0	0	0	0	0	0	0
Impetigo	0	0	0	0	0	0	0	0
Scabies	0	0	0	0	0	0	0	0
Minor skin injuries and septic sores	2	201	0	0	0	201	203	277
Other skin diseases ...	0	11	0	0	0	11	11	42
Other conditions ...	14	5	0	0	0	5	19	19
Verminous conditions	1	0	0	0	0	0	1	1
TOTALS	104	217	0	0	0	217	321	426

WESTON-SUPER-MARE SCHOOL CLINIC (NEVA ROAD)

Reason for examination or treatment	Examined only	Treated					Total examined or treated	Attendance at Clinics
		Cured	Improved	Un-relieved	Under treatment	Total treated		
Fitness for school or special schools ...	54	0	0	0	0	0	54	54
Vision testing	8	0	0	0	0	0	8	8
External eye diseases	0	0	0	0	0	0	0	0
Ear defects:								
Otorrhœa etc. ...	0	0	0	0	0	0	0	0
Deafness	5	0	0	0	0	0	5	5
Ringworm	1	0	0	0	0	0	1	1
Impetigo	0	3	0	0	0	3	3	7
Scabies	0	0	0	0	0	0	0	0
Minor skin injuries and septic sores	2	7	0	0	0	7	9	17
Other skin diseases	1	35	0	0	6	41	42	391
Other conditions ...	35	0	0	0	0	0	35	35
Verminous conditions	0	0	0	0	0	0	0	0
TOTALS	106	45	0	0	6	51	157	518

YEOVIL SCHOOL CLINIC

Reason for examination or treatment	Examined only	Treated					Total examined or treated	Attendance at Clinics
		Cured	Improved	Un-relieved	Under treatment	Total treated		
Fitness for school or special schools ...	11	0	0	0	0	0	11	14
Vision testing	12	0	0	0	0	0	12	12
External eye diseases	1	3	0	0	0	3	4	5
Ear defects:								
Otorrhœa, etc. ...	0	0	0	0	0	0	0	0
Deafness and Audiometer	21	7	0	0	0	7	28	31
Ringworm	0	0	0	0	0	0	0	0
Impetigo	0	0	0	0	0	0	0	0
Scabies	0	0	0	0	0	0	0	0
Minor skin injuries and septic sores	4	17	0	0	0	17	21	40
Other skin diseases ...	6	6	2	0	5	13	19	63
Other conditions ...	55	4	1	0	5	10	65	71
Verminous conditions	7	0	0	0	0	0	7	7
TOTALS	117	37	3	0	10	50	167	243

ORTHOPAEDIC SERVICE

The work at the Orthopaedic Clinics has continued steadily throughout the year and there have been no major changes in the organisation or staff. The Swimming Classes at Frome, Weston-super-Mare and Yeovil continue to be a popular and beneficial form of treatment, and in the Autumn a very enjoyable day was held at the Frome Baths when the children met for a Gala. Once again we are indebted to our Voluntary Helpers who give such valuable assistance at the Clinics and Swimming Classes.

The total number of school children who received advice or treatment during 1959 was 2,263, and, out of a total of 610 new cases seen, 350 were children of school age.

NO. OF NEW CASES (SCHOOL CHILDREN) SEEN IN 1959

Congenital Deformities:-		
Dislocation of Hip	0	
Torticollis	2	
Foot deformities	13	
Spine	0	
Others	6	
		21
Postural Deformities:-		
Scoliosis, kyphosis	28	
Feet, toes, (hallux valgus, etc.)	139	
Knock Knees	31	
Bow Legs	1	
General defects in posture	45	
Others	27	
		271
Diseases of Bones and Joints	0	
Epiphyseal lesion	19	
Synovitis	3	
Exostoses	7	
Poliomyelitis	2	
Cerebral Aplasia	0	
Injuries and Accidents	15	
Rheumatoid Arthritis	0	
Nil abnormal discovered	12	
		58
Total		350

No. of school children treated in Orthopaedic Hospitals:

Bath and Wessex Orthopaedic Hospital ...	154
Winford Orthopaedic Hospital	61
Princess Elizabeth Orthopaedic Hospital, Exeter	3
Total ...	218

PHYSICAL EDUCATION

Extracts from the Chief Education Officer's report on Physical Education appear as an Appendix to this Report.

SCHOOL CLINICS

School Clinics are held as follows:-

Location	Treatment	Sessions held
Backwell	Ophthalmic	As required.
Bath Health Department	Speech	Mondays.
Bath, Manor Hospital ...	Ophthalmic	As required.
	Orthopaedic (Sister)	1st and 3rd Tuesday in month. (a.m. only as required).
	Orthopaedic (Surgeon)	2nd Tuesday alternate months.
Bridgwater, Albert Street	Dental	As required.
Bridgwater, Bath Road Junior School	Minor Ailments ...	Mondays, Wednesdays and Fridays.
Bridgwater, Hamp Junior School	Minor Ailments ...	Tuesdays, Wednesdays and Fridays.
Bridgwater Health Centre	Breathing Exercises	Wednesdays.
	Child Guidance ...	1st, 2nd and 4th Tuesdays (a.m.).
	Minor Ailments ...	Mondays, Wednesdays and Fridays (Medical Officer attends on Mondays).
	Orthopaedic (Sister)	Mondays.
	Orthopaedic (Surgeon)	3rd Monday in month.
	Speech	Tuesdays (p.m.) and Fridays.
	Ultra Violet Light	Tuesdays and Saturdays.
Bridgwater Hospital ...	Ophthalmic	Tuesdays.
	Politzerisation ...	Fridays.
Bristol, Tower Hill ...	Orthopaedic (Sister)	3rd Tuesday in month (p.m.).

Location	Treatment	Sessions held
Burnham-on-Sea, Methodist Church Hall	Speech	Wednesdays.
Castle Cary, Liberal Club	Orthopædic (Surgeon)	1st Friday (p.m.).
	Speech	Tuesdays (p.m.) alternate.
Chard	Dental	As required.
	Orthopædic	3rd Wednesday in month.
	Speech	Fridays (p.m.).
Clevedon Community ... Centre	Orthopædic	2nd Monday in month.
	Speech	Wednesdays.
Clevedon, 68 Old Street	Ophthalmic	As required.
Clutton	Ophthalmic	As required.
Crewkerne, 16 Church ... Street	Breathing Exercises	Wednesdays (p.m.).
	Dental	As required.
	Orthopædic	1st Wednesday in month.
	Speech	Fridays (a.m.).
Frome Health Centre ...	Child Guidance ...	3rd Tuesday
	Dental	As required.
	Minor Ailments ...	Fridays.
	Ophthalmic	As required.
	Orthopædic	Thursdays and 4th Tuesday (Surgeon).
	Speech	Wednesdays.
Glastonbury Health Centre	Child Guidance ...	2nd Tuesday (p.m.).
	Dental	As required.
	Ophthalmic	As required.
	Orthopædic	Thursdays and 2nd Wednesday in month. (Surgeon).
	Speech	Thursdays.
Keynsham, Hazelwood ...	Dental	As required.
	Orthopædic	1st Tuesday in month.
Minehead, 54 Summerland Avenue	Dental	As required.
	Orthopædic (Sister)	1st and 3rd Fridays.
	Orthopædic (Surgeon)	1st Monday (alternate months).
	Speech	Tuesdays.
Minehead Hospital ...	Ophthalmic	2nd Tuesday in month.
Portishead Congregational Hall	Ophthalmic	As required.
	Speech	Fridays.
Portishead, St. Mary's Road	Dental	As required.
Radstock, Leigh House	Dental	As required.
	Ophthalmic	As required.
	Orthopædic (Sister)	Mondays (except 2nd in month).

Location	Treatment	Sessions held
Radstock, Leigh House (cont.)	Orthopaedic (Surgeon)	2nd Tuesday alternate months.
	Speech	Fridays.
Shepton Mallet Hospital	Ophthalmic	As required.
	Orthopaedic (Sister)	1st Wednesday (p.m.) and 3rd Thursday (p.m.).
	Orthopaedic (Surgeon)	1st Wednesday (p.m.).
	Speech	Tuesdays (a.m.).
Taunton and Somerset ... Hospital —		
East Reach Branch ...	Ophthalmic	Tuesdays.
	Speech	Wednesdays and Thursdays.
Musgrove Park Branch	Child Guidance ...	Mondays (p.m.), Tuesdays (a.m.), Thursdays (p.m.) and Fridays (a.m.).
	Orthopaedic	Tuesdays.
Taunton, Tower Lane ...	Breathing Exercises	Mondays.
	Dental	Daily.
	Minor Ailments ...	Mondays, Thursdays and Saturdays (a.m.'s).
	Orthopaedic (Sister)	Wednesdays, and 2nd and 4th Tuesdays (a.m.).
	Orthopaedic (Surgeon)	2nd and 4th Fridays.
Wellington, North Street	Dental	As required.
	Orthopaedic	1st and 3rd Tuesdays (a.m.).
Weston-super-Mare, ... Bournville School	Minor Ailments ...	Daily.
Weston-super-Mare, ... Drove Road	Dental	Daily.
Weston-super-Mare, ... The Royal Hospital	Orthopaedic (Surgeon)	Thursdays (a.m.) alternate.
Weston-super-Mare, ... 3 Neva Road	Child Guidance ...	Thursdays (a.m.) and Fridays (p.m.).
	Minor Ailments ...	Tuesdays and Saturdays.
	Ophthalmic	Mondays.
	Speech	Mondays and Thursdays.
Wincanton	Dental	As required.
	Ophthalmic	As required.
	Orthopaedic	4th Wednesday in month.
	Speech	Tuesdays (p.m.) alternate.

Location	Treatment	Sessions held
Yeovil Hospital	Ophthalmic	Tuesdays.
	Orthopædic	Tuesdays and Fridays, and 5th Wednesday (p.m.).
Yeovil, Preston Road ...	Breathing Exercises	Fridays.
	Dental	Daily.
	Minor Ailments ...	Medical Officer — Mondays and Fridays. School Nurse — Daily.
	Ultra Violet Light ...	Wednesdays and Saturdays.
Yeovil, Southville ...	Child Guidance ...	2nd and 4th Wednesdays (a.m.).
	Speech	Mondays.

SCHOOL MEALS SERVICE

The following report has been supplied by the Chief Education Officer:-

It was recorded in the last Annual Report that the steady recovery in the number of children taking meals was being maintained and it will be seen that progress in this respect has continued. During the Autumn Term 1959 the total output of central kitchens and self-contained canteens reached the record daily figure of 44,624 meals.

Schools	Year ended 31.12.59		Year ended 31.12.58	
	No. of Schools	No. of meals per day	No. of Schools	No. of meals per day
Grammar	20	5,245	19	4,694
Modern	49	12,549	49	11,248
Technical	3	171	3	166
Primary	423	21,938	430	21,304
Nursery	2	67	2	68
	497	39,970	503	37,480
Number of children on books (31st Oct. 1959)	70,182		69,200	
Percentage of children taking dinners at school	56.95%		54.17%	

None of the existing 19 central kitchens was closed during the year but an additional 16 self-contained canteens were opened. A total of 177 schools now have the advantage of their own canteen at the school, and, in addition to this, a further 23 schools receive meals from certain of these self-contained canteens.

FOOD HYGIENE

This year has been comparatively uneventful so far as food hygiene in the School Meals Service is concerned. Only one minor outbreak of illness attributable to school meals was brought to our notice, and in this case it was difficult to pin-point the cause. It does, however, serve to remind us that freedom from more serious trouble can only be achieved if strict attention to food hygiene is paid by all food handlers.

Whilst food may be contaminated from many sources, man is undoubtedly the most important reservoir of the food poisoning bacteria. Asepsis is not practicable in the food industry. Nevertheless care can be taken to guard hands and the food they will touch from the more dangerous forms of contamination. Personal cleanliness is the essence of clean food handling and this cannot be impressed too strongly, or too often, on all kitchen staffs. Once again we were able to assist in this work by showing Food Hygiene films to a limited number of school meals staff for the Wells and Glastonbury areas. These films, by their graphic presentation of food poisoning hazards, do help in emphasizing the importance of clean food handling.

SCHOOL NURSING SERVICE

It is the policy in Somerset wherever possible to use qualified Health Visitors for school nursing duties. The designations of the person undertaking these duties vary according to the areas concerned. In the urban areas, where full-time Health Visitors are employed, this work is included in their duties, but in the more rural areas the procedure is for the District Nurse/Midwife/Health Visitor or Tuberculosis Visitor/School Nurse to carry out this work in conjunction with her other duties. In only one area is a full-time school nurse employed.

The "school nurse" is ever willing to visit at the request of a teacher, either for a special hygiene visit, or to help and advise on any problem concerning the child's well-being. She frequently has an intimate knowledge of the child's family and background, and because of this can often help the teacher to solve a problem before it becomes out of hand. Her specific duties consist of:

(a) Attendance with the School Medical Officer at medical inspections and assisting him as required.

(b) To assist the School Medical Officer with poliomyelitis vaccination sessions and other special sessions.

(c) To staff the school clinics held in the urban areas.

(d) To work in close liaison with the Education Welfare Officer.

(e) To carry out follow-up home visits following school medical examinations and to help and advise the mothers as necessary.

(f) To carry out routine hygiene examinations in the infant and primary schools, and as requested in other schools.

Her work involves much health teaching and it is her policy to avail herself of every opportunity to further this, be it to a mother at a "follow-up" visit,

a group of children waiting for medical examination, or to talk to parent-teacher groups. In several schools our School Nurses have been asked to give a series of talks on mothercraft to senior girls, and these talks have been much appreciated

SCHOOL OPHTHALMIC SERVICE

During the year the three Specialists examined 2,728 school children (3,034 attendances) prescribing glasses for 1,404. In addition, 130 pre-school children were examined, chiefly for squint. Information was received that 1,474 pairs of glasses (or lenses to new prescriptions) had been provided. Included in this figure are 263 pairs prescribed prior to 1959. As the supply of glasses is not now a function of the Authority it is difficult to obtain intimation when glasses, prescribed by the Eye Specialists are obtained.

SPEECH THERAPY

Owing to staff shortage, Taunton Speech Clinic was closed from 1st January to 17th February, 1959, and the Chard, Crewkerne and Minehead Speech Clinics from 1st January to 31st August, 1959. It was possible, however, with the appointment later in the year of Miss J. Kenyon and Miss J. Samuel (part-time) to open three new Speech Clinics — at Burnham-on-Sea (7th October, 1959), Castle Cary (17th November, 1959) and Portishead (2nd October, 1959).

Miss N. Coggon reports:-

In September, 1959, the additional appointment of a part-time Speech Therapist, Miss J. Samuel, for four sessions per week in the Clevedon — Portishead area, made it possible to open a new Speech Clinic at Portishead. This reduced the case-load at Clevedon and provided better facilities for patients at both centres and released the full-time Therapist for two sessions each week to be spent at a new centre at the Methodist Church Hall, Burnham-on-Sea Already 22 patients have been seen there regularly, 12 of them weekly, and there is a waiting list of 5. Travelling difficulties have been minimised and as a result it would be impossible to improve the co-operation received from parents in this area. (It is interesting to note that the saving in patients' fares is almost equivalent to the rental of the premises).

The resultant easing in the case-load in Bridgwater (three sessions each week) has meant more weekly appointments for children in the area and a shorter waiting list.

Weston-super-Mare, with four sessions a week, is very busy. Most children are seen fortnightly and attendance is good. A special effort is made to see more seriously handicapped children weekly.

During the year patients have been referred by:-

School Medical Officers
Plastic Surgeon
Paediatrician
Private Doctors
Heads of Schools
Health Visitor.

No clinic in my area is without a waiting list. Of the 126 children attending, 69% are boys and 31% girls. 7% of the patients are pre-school children. 11% are over 11 years of age. Attendance is good and the parents co-operate well. This is a vital part of treatment. This high standard of co-operation is particularly noticeable in areas where the School Medical Officer, on referring the child, forewarns parents that their help is essential. As the service becomes more established, the heads of schools and their staffs show their interest and willingness to help. But the teacher's aid alone is not enough. Those cases seen at school without a parent present (as compared with those seen at a Clinic with a parent) do not progress so well, and in the main, regress during the longer holiday periods.

During the year, 14 pre-school children have been seen. Of these:-

4 had cleft palates —

2 have been seen regularly with their parents and show a marked improvement. One two-year old and one three-year old have been seen at regular 3 — 6 monthly intervals. Their mothers have been given guidance and shown suitable exercises to encourage correct breath direction.

4 had alalia (lack of development of speech and language) —

3 had deprived backgrounds causing lack of development of speech and language. Their foster-parents have received guidance, and regular three-monthly checks showed that these children improved given the necessary stimuli. One of this group has an unstable family background and is too young to co-operate. He will be seen again in six months.

6 had dyslalia (defective speech) —

All were accepted for regular therapy. 2 have been discharged and start their schooldays with normal speech.

2 have improved and continue attendance.

1 showed considerable improvement despite an irregular mouth formation, and has left the County.

1 will not be seen again until the frontal dentition is more adequate for anchorage of the tongue tip.

Thus it is shown that, with a co-operative parent, it is possible to give help, which in certain cases offers a cure before school age.

Miss M. J. Henshaw writes as follows:-

ARTICULATORY APRAXIA.

One of the more serious defects of speech which I have come across in three and possibly four children this year has been articulatory apraxia, which is a severe multiple dyslalia very slow to improve. It may be acquired or developmental, and, in the acquired condition is often associated with some degree of

executive aphasia. In the developmental condition, the child, on learning to speak, shows an inability to reproduce correctly the sounds or sound sequences heard. There may be no hearing loss or lack of intelligence. The musculature involved will be normal though the onset of speech will, in most cases, be delayed by about six months. The child is entirely unaware of his defective articulation and will speak fluently but unintelligibly to all save, perhaps, his immediate family. This difficulty can even persist into adult life.

The following two cases are examples of first, the developmental type of articulatory apraxia, and secondly of the acquired type.

CASE 1. M, aged 9½ years, was first referred for speech therapy at the age of 4. He is an only child of elderly parents and there is a history of indistinct speech on the maternal side of the family. At 6 years he was referred to the Child Guidance Clinic because of his lack of improvement with speech. An E.E.G. recording was made which produced a very abnormal reading of the epileptic type At the same time he had an intelligence test showing an overall I.Q. of 120. Slowly and gradually speech improved with treatment based mainly on visual, tactile, and kinaesthetic stimulation. Now, three years later, the boy's speech is intelligible to those who know him, and speech is nearly normal in controlled situations, such as reading, when he has the added aid of the visual stimulus. He is one of the top boys in the top group of his class, showing an outstanding ability in arithmetic. Spelling has always been poor but reading and writing are very good. The prognosis for this child is fair.

CASE 2. D, aged 13 years, was first referred for speech therapy at the age of 4. When 3 years old he was knocked down by a car and received head injuries which resulted in a complete executive aphasia. There was no hemiplegia and in every other way he recovered well. The mother reported that prior to the accident his speech was developing similarly to that of her other six children who all speak normally. When treatment began, the aphasia improved rapidly, and he was soon talking in sentences, though with severely defective articulation. All sounds could be pronounced in isolation, but, even now, ten years after the accident, they have not fully been incorporated into everyday speech. He was backward in all school work. Reading is particularly difficult, though the pronunciation of words is good. On dictation he will substitute one word for another without realising his mistake. The word "yes" is repeatedly written as "said" — "you" is replaced by "the" — even though he is saying and thinking aloud the correct word. D. may never attain normal speech but he is showing a gradual improvement.

Both these cases are examples of a very severe handicap which can easily be misunderstood. Often children with any speech defect are thought to be "lazy" or to "speak too quickly" and, when the child reaches a later age and is still persisting with his defective articulation, he can be subjected to all kinds of rigorous methods of handling, aimed at helping him but falling short of their mark through ignorance of his very real difficulty.

Speech Therapy, 1959

Clinic Centres	No. of Sessions	No. of Children under treatment 1.1.59.	No. of Children under treatment 31.12.59	Admittances	Discharges	Total Attendances	Home Visits	School Visits	No. on waiting list at 31.12.59.
Bath	88	14	16	16	14	393	1	33	9
Bridgwater ...	133	63	43	29	49	786	21	46	3
Burnham-on-Sea (from 7.10.59)	22	0	22	22	0	122	3	11	5
Castle Cary ... (from 17.11.59)	3	0	10	11	1	19	1	11	1
Chard	16	10	10	1	1	78	0	0	8
Clevedon ...	90	28	13	14	29	443	9	17	7
Crewkerne ...	14	7	6	2	3	55	0	0	0
Frome	91	16	22	25	19	494	7	38	7
Glastonbury ...	85	25	20	21	26	316	4	43	4
Minehead ...	31	12	18	13	7	148	0	2	1
Portishead ... (from 2.10.59)	23	0	13	15	2	99	0	1	16
Radstock ...	61	10	18	11	3	283	8	18	5
Shepton Mallet	43	13	13	15	15	244	17	72	2
Taunton ...	96	50	39	22	33	486	1	1	5
Weston-super-Mare	176	59	61	37	35	901	15	25	7
Wincanton ...	26	7	6	2	3	112	1	8	0
Yeovil... ...	52	30	28	17	19	322	0	5	5
TOTALS	1,050	344	358	273	259	5 301	88	331	85

Clinic Centres	Children receiving treatment 31.12.59.						Children discharged during 1959.						Normal	Much improved	Some Improvement	No improvement
	Stammerers	Dyslalias	Sigmatisms	Cleft palates	Cerebral palsies	Other defects	Stammerers	Dyslalias	Sigmatisms	Cleft palates	Cerebral palsies	Other defects	A	B	C	D
Bath	3	9	0	1	2	1	2	8	0	1	2	1	5	3	3	3
Bridgwater	7	30	1	2	0	3	14	31	1	0	1	2	27	1	19	2
Burnham-on-Sea ... (from 7.10.59)	3	18	1	0	0	0	0	0	0	0	0	0	0	0	0	0
Castle Cary ... ... (from 17.11.59)	2	5	0	2	0	1	1	0	0	0	0	0	0	0	0	1
Chard	2	5	1	1	0	1	0	0	1	0	0	0	1	0	0	0
Clevedon	2	7	1	2	0	1	4	18	3	1	0	3	12	7	10	0
Crewkerne	0	2	0	3	1	0	0	2	1	0	0	0	2	0	0	1
Frome	6	13	0	3	0	0	3	11	5	0	0	0	12	5	1	1
Glastonbury	6	10	3	1	0	0	6	15	5	0	0	0	15	4	5	2
Minehead	5	10	1	1	0	1	2	4	1	0	0	0	2	3	0	2
Portishead ... ... (from 2.10.59)	2	9	2	0	0	0	0	2	0	0	0	0	0	2	0	0
Radstock	2	13	0	1	1	1	1	2	0	0	0	0	2	0	0	1
Shepton Mallet ...	3	7	0	1	0	2	3	8	0	2	0	2	7	3	4	1
Taunton	11	25	0	3	0	0	16	10	6	1	0	0	20	6	7	0
Weston-super-Mare	9	37	4	5	2	4	3	30	1	0	1	0	21	6	7	1
Wincanton	2	3	0	1	0	0	0	0	0	1	1	1	2	0	1	0
Yeovil	7	15	3	3	0	0	2	15	1	0	0	1	10	6	3	0
TOTALS	72	218	17	30	6	15	57	156	25	6	5	10	138	46	60	15

SWIMMING BATHS

The popularity of the school swimming pools increased considerably during the summer owing to the exceptionally fine weather. There are now twelve pools in use and seventeen either proposed or under construction, and I have no doubt that we shall see the day when each senior school has its own pool.

This year there has been a tendency for schools to submit proposals for larger pools, and, whilst these are very desirable, it is essential that proper means of recirculation, filtration and chlorination of the water be provided. The cost of this equipment is in the region of £1,000 — £2,000 and, since the Education Committee's grant towards the cost of the whole project is only £200, the schools have to raise quite large sums through their own resources. This in itself appears to be a challenge which they are prepared to overcome by arranging fêtes etc., and no doubt when the pool is provided the pupils and staff take a greater pride in their successful venture.

We continue to obtain weekly summaries of residual chlorine readings taken by the school staff, and on the whole the results have been well up to standard.

TRANSPORT OF SCHOOL CHILDREN ON MEDICAL GROUNDS

Transport to school is provided by the County Education Committee for any children who are certified by the Principal School Medical Officer as being physically unfit to walk to school, irrespective of the distance involved. These cases are regarded as "re-examinations" and are examined by the School Doctor on each occasion a medical inspection is carried out at the school, and/or immediately prior to the termination of the period for which transport was recommended.

At present 111 (103)* children, out of a school population of approximately, 70,600 (69,800), are being conveyed to school on medical grounds. 77 (67) of these are using existing conveyances without any additional cost to the Committee, and out of the remaining 34 (36) several are using an existing conveyance for a part of the journey.

As the transport of some of these children is often expensive, a very close scrutiny is given to each case Following the recommendation of the School Medical Officer, the family doctor and/or the Orthopaedic Surgeon is consulted in all border-line cases prior to the recommendation being confirmed at central office

* The figures in brackets are the 1958 figures and are given for comparison purposes.

TREATMENT WITH ULTRA VIOLET LIGHT FOR THE YEAR 1959

Centre	Number of Clinics held	New cases seen	Total Attendances				
			Infant	Education	Tuberculosis	From outside areas	Total
Bridgwater	70	14	45	191	0	0	236
Yeovil	34	10	14	75	0	1	90
TOTALS	104	24	59	266	0	1	326

	Tuberculosis	Rickets	Debility and Malnutrition	Glands (not Tuberculous)	Other	Total (all cases)
Cured or improved	0	0	14	0	6	20
Unaltered	0	0	0	0	0	0
Worse	0	0	0	0	0	0
Still under treatment	0	0	1	0	1	2
Defaulted	0	0	4	0	0	4
TOTALS	0	0	19	0	7	26

ACUTE POLIOMYELITIS

Only four cases of this disease in school children occurred during 1959, one being paralytic and three non-paralytic. Fortunately there were no deaths amongst these school children.

VACCINATION SCHEME

1959 was a year of supreme effort as far as vaccination against poliomyelitis was concerned, and it would appear most unlikely that the number of inoculations then given will be exceeded in any succeeding year. During the early part of the year the demand for vaccination increased considerably and vaccine was in short supply, but ample supplies later became available, and four refrigerators, one of commercial size, were used for storage purposes. These refrigerators

were situated in different parts of Taunton — an added difficulty to the work. For the most part, vaccine was sent to general practitioners and school medical officers by ordinary post, most of whom used their own domestic refrigerators for continuing the storage at the required temperature. It was surprising how few complaints of non-arrival of vaccine in time for use at pre-arranged sessions were received, and this is a tribute to the postal service whereby delivery by first post on the morning following posting cannot merely be expected but also relied upon.

In this great task, the clerical work in sending appointment notices to parents was not an inconsiderable factor. It is estimated that half a ton of registration cards and five hundredweight of appointment cards were used in Somerset during the year.

Special procedures continued to be necessary for the persons in the 15 — 25 age group. In addition, during the year 53,552 children received the primary course of two injections and a further 64,208 received a third injection. The work was shared equally between the general practitioners and the school medical officers. Inevitably the work of school medical inspection was disrupted, only 25,643 general inspections being carried out in 1959 compared with a total of 48,700 in 1955, the year prior to the inception of the poliomyelitis vaccination scheme.

As far as the central office was concerned, extensive re-arrangement in the routine duties of the school health clerical staff was necessary to handle the filing of upwards of 117,000 poliomyelitis vaccination registration cards during the year.

At 31st December, 1959, the position was as follows:-

Number of children vaccinated with both 1st and 2nd injections during 1959	53,552
Number of children vaccinated with both 1st and 2nd injections during 1956, 1957 and 1958	44,370
Number of children given the 3rd injection during 1959	64,208
Estimated number of children eligible and not yet vaccinated	15,000

CONVALESCENCE

Children in need of convalescence are sent to one of the Hillaway Homes in Devonshire, usually to Hapstead House, Buckfastleigh. Sixteen children were sent during 1959, at no expense to the parents. Many of these cases, when sent, were on the verge of physical or mental breakdown, and in every instance their stay in Devon has resulted in marked improvement and return to normal life and school.

HANDICAPPED PUPILS

The work in connection with the education and welfare of handicapped pupils is growing rapidly. Experience shows that children suffering from asthma, over-protective parents and/or maladjustment often derive great benefit from a few weeks or months away from the home environment, and in consequence the use of the Hillaway Homes in Devon is extending. In the last four years the admissions to these Homes, other than for convalescence, have been — 1956 (6), 1957 (6), 1958 (5) and 1959 (13).

Close co-operation with the family doctors is maintained and a number of cases have been referred by them. Such cases, often of a distressing nature, always have a strong human interest and each child is considered individually by the Special Sub-Committee for Handicapped Pupils.

The new Fosse Way School at Radstock for educationally subnormal children (opened in January 1960), coupled with the proposed re-organisation of Sandhill Park School at Bishop's Lydeard to take day pupils, has aroused the interest of parents in these areas, and very few refusals were received in 1959 when offers for placement at one of the County's Special Schools were made.

A close watch is kept on all suspected cases of deafness and referral to the Hearing Assessment Clinic at Musgrove Park Hospital, Taunton, is arranged when further investigation and treatment is indicated.

With co-operation from the Mental Health Section it is now possible to arrange for the admission of children to the appropriate Training Centre at an earlier age. This is particularly advantageous where social and toilet training is needed, prior to the child being placed in an ordinary school. It is the general practice to give all border-line children a trial period in the ordinary school even though it is often fairly obvious that it is unlikely they will prove to be scholastically educable. This results in much better co-operation from the parents. Similarly, if a child cannot be allowed to attend the local infant school by reason of social incapacity, it is often found that a few months in a Training Centre will enable him to be given a further trial in the ordinary school. This procedure can be carried out without formal notification to the Mental Health Section of the Local Health Authority.

Handicapped children are graded into the following categories — Blind and Partially Sighted; Deaf and Partially Deaf; Educationally sub-normal; Epileptic; Maladjusted; Delicate and Physically Handicapped; and Pupils in Hospital Special Schools. The principal Special Schools at which places are taken up for Somerset pupils are set out below. All such placements by the Local Education Authority are entirely free to the parents and are subject to frequent review.

Category	Schools	Number of Somerset pupils placed as at 31.12.59	
Blind	Royal School of Industry for the Blind, Westbury-on-Trym.		20
Partially Sighted ...	West of England School for the partially-sighted, Exeter.		11
Deaf and Partially Deaf	Royal West of England School for the Deaf, Exeter, Devon; Royal School for Deaf and Dumb Children, Margate; St. John's Residential School for the Deaf, Boston Spa.		50
Educationally subnormal...	Sandhill Park School, Bishop's Lydeard, nr. Taunton; Fosse Way School, Radstock; Elmwood School, Bridgwater.	Day Boarding	159 148
Epileptic	Lingfield Hospital School, Lingfield, Surrey.		5
Maladjusted	Midhurst Grammar School, Midhurst, Sussex; Monkton Wyld School, Charmouth, Dorset; Hillaway Homes, Devon.		17
Delicate	St. Catherine's Home, Ventnor, Isle of Wight; Hillaway Homes, Devon.		23
Physically handicapped	Dame Hannah Rogers School, Ivybridge, Devon; Heritage Craft Schools and Hospitals, Chailey, Sussex; St. Loyes Training College, Exeter, Devon.		33
Hospital Special Schools	Bath Orthopædic Hospital.		15

HOME TUITION

In certain cases children may be discharged from hospital as no longer requiring "in-patient" treatment, but nevertheless not considered fit for ordinary school attendance for various reasons. In such cases home tuition is arranged until such time as the medical adviser considers the child fit for either full or part-time school attendance. Some children, owing to certain physical defects are unsuitable for attendance at either residential or day schools, and home tuition is then arranged on a semi-permanent basis which is subject to periodic review. This group includes gross heart defects, chronic asthmatics, brittle bones, severe spastic and poliomyelitis cases, double incontinence, diseases of the nervous system, etc.

In 1959 thirty children benefited from home tuition either on a permanent or short term basis. The home teachers are found, often with great difficulty, by the Local Education Authority, and are usually teachers who have retired for various reasons. Some, although not all, of our general hospitals in Somerset allow trained teachers, provided by the Local Education Authority, to continue the education in hospital of children who are likely to be in-patients for long periods.

HANDICAPPED PUPILS REQUIRING EDUCATION AT SPECIAL SCHOOLS OR BOARDING IN BOARDING HOMES

	Blind (1)	Partially Sighted (2)	Deaf (3)	Partially Deaf (4)	Delicate (5)	Physically Handicapped (6)	Educationally sub-normal (7)	Maladjusted (8)	Epileptic (9)	TOTAL 1 – 9 (10)
In the calendar year ended 31st December, 1959:										
A. Handicapped Pupils *newly placed* in Special Schools or Boarding Homes ...	1	4	7	0	14	8	47	14	1	96
B. Handicapped Pupils *newly assessed* as requiring education at Special Schools or in Boarding Homes	2	2	5	0	17	8	80	11	1	126

Note.-Where appropriate, pupils have been included under both A and B.

Number of children reported during the year –

(*a*) under Section 57(3) (excluding any returned under (*b*)) 42

(*b*) " " " relying on Section 57(4) 0

(*c*) " " 57(5) of the Education Act, 1944 39

	Blind (1)	Partially Sighted (2)	Deaf (3)	Partially Deaf (4)	Delicate (5)	Physically Handicapped (6)	Educationally sub-normal (7)	Maladjusted (8)	Epileptic (9)	TOTAL 1 – 9 (10)
On or about 22nd January, 1960:										
C. Number of Handicapped Pupils from Somerset –										
(i) on the registers of										
1. maintained special schools.										
(a) as day pupils ...	0	0	0	0	0	2	159	0	0	161
(b) as boarding pupils ...	0	0	0	0	0	1	126	0	0	127
2. non-maintained special schools.										
(a) as day pupils	0	0	0	0	0	0	0	0	0	0
(b) as boarding pupils ...	20	10	42	7	6	28	12	2	5	132
(ii) on the registers of independent schools under arrangements made by the Authority	0	1	0	1	4	2	10	6	0	24
(iii) boarded in homes and not already included under (i) or (ii) ...	0	0	0	0	13	0	0	9	0	22
TOTAL C.	20	11	42	8	23	33	307	17	5	466
D. Number of Handicapped Pupils being educated under arrangements made under Section 56 of the Education Act, 1944 –										
(i) in hospitals	0	0	0	0	12	3	0	0	0	15
(ii) in other groups (e.g., units for spastics, convalescent homes)	0	0	0	0	0	0	0	0	0	0
(iii) at home	0	0	0	0	1	26	1	1	1	30
E. Number of Handicapped Pupils requiring places in special schools										
(i) TOTAL (a) day	0	0	0	0	0	0	83	0	0	83
(b) boarding	2	1	0	0	0	5	27	4	0	39

	Blind (1)	Partially Sighted (2)	Deaf (3)	Partially Deaf (4)	Delicate (5)	Physically Handicapped (6)	Educationally sub-normal (7)	Maladjusted (8)	Epileptic (9)	TOTAL 1 – 9 (10)
In the totals above, number of handicapped pupils age under 5 –										
(ii) (a) awaiting day places	0	0	0	0	0	0	0	0	0	0
(b) awaiting boarding places	0	0	0	0	0	0	0	0	0	0
(iii) who had reached the age of 5 but whose parents had refused consent to their admission to a special school:-										
(a) awaiting day places	0	0	0	0	0	0	11	0	0	11
(b) awaiting boarding places	0	0	0	0	0	0	7	0	0	7
F. Number of Handicapped Pupils on the registers of hospital special schools										35

During 1959, 126 children were newly assessed as being so handicapped as to require special educational facilities other than in the ordinary schools.

The majority of these new cases were educationally sub-normal (80) and delicate (17). The following Table, which may be of interest, shows similar figures during the last five years.

Year	Newly ascertained as Educationally sub-normal
1954	44
1955	60
1956	130
1957	109
1958	74

The increase in recent years in the numbers of children newly ascertained as being educationally sub-normal (shown in the above figures) merely indicates that the increased provision being made for these children, such as the opening of the Elmwood Day Special School, Bridgwater, and the prospects of similar schools at Radstock and Weston-super-Mare, has not unnaturally given a decided fillip to the ascertainment.

96 handicapped children were *newly* placed in Special Schools or Boarding Homes during the year, by reason of the following defects:-

Educationally sub-normal	...	47
Maladjusted	...	14
Physically handicapped	...	8
Deaf	...	7
Delicate	...	14
Blind or Partially Sighted	...	5
Epileptic	...	1

EMPLOYMENT OF CHILDREN

Where the School Medical Officer considers it necessary to specify a particular type of employment as being unsuitable for a child, he makes a recommendation on the Ministry of Labour Form Y.9 or Form Y.10, following the periodic examination during the child's last year at school. In 1959, the number of these recommendations made was as follows:-

On Form Y.9 (unsuitable for certain type of employment) ...	321
On Form Y.10 (Disabled Persons (Employment) Act, 1944)	1

INFECTIOUS DISEASES

During the year only one school was closed on account of infectious disease.

SANITARY CONDITIONS IN SCHOOLS

All the major conversion schemes included in the 1958/59 Programme have now been completed. So far as the 1959/60 Programme is concerned, for which a sum of £5,000 was allocated, the position is as follows:-

School.		
Cheddon Fitzpaine	—	Completed
Easton-in-Gordano C.E.	—	Completed
Kewstoke County	—	In progress
Nailsea Hannah More Junior	—	Outstanding
West Buckland	—	Outstanding
Withiel Florey	—	In progress

It may be recalled that in 1950 we were faced with 154 schools having grossly sub-standard sanitary arrangements, comprising trough closets, pails, swanmores and even more archaic fitments. We have, of course, made considerable progress in eliminating these, and the position today is that there are now only 11 controlled schools not on water borne sanitation or included in the current programme for conversion. Some of these cannot be dealt with pending the provision of either mains water or sewers; in other cases there is a possibility of closure.

There are, however, schools where the sanitary arrangements are either totally inadequate or in other respects unsatisfactory by present day standards, and it is felt that the time has come to consider what can be done to improve them.

In 1957 it was suggested that a method of approach to the problem be made on the following lines:-

(1) Provision of additional washing and sanitary facilities where such are seriously below scale.

(2) Provision of hot water for washing purposes at all schools.

(3) Replacement of insanitary urinal stalls and provision of overhead cover.

(4) Replacement of pedestals with fixed wooden seats by pedestals with hinged seats as and when replacements become necessary.

(5) Provision of new sanitary blocks with washing facilities wherever existing arrangements are not capable of improvement.

(6) Provision of adequate sanitary and washing facilities for staff.

(7) Particular attention to be given to the question of protection against freezing of sanitary fittings.

(8) Consideration to be given to the construction of new sanitary blocks, in current programmes, adjacent to the main building and washing facilities, where space permits.

Obviously any future programme should be integrated with the Development Plan in order to avoid unnecessary expenditure. It is admitted that many but not all of these schools are due for modification in various ways under the Development Plan, but this may well take 5 – 10 years, and it may be considered that the provision of an extra W.C. or of additional wash-hand basins is needed now and should not wait for an indefinite date some years away, and this position should be faced, and an allocation for this work be made in future years.

SPASTICS

All these cases are reported to the County Health Department by Health Visitors, District Nurses, Child Welfare Clinics, etc. as soon as any physical defect is noticed. Only in the instance of a very severe case is the child classified as ineducable. In all other cases referral is made to the Cerebral Palsy Assessment Clinic in Bristol where a full assessment of the case is made. When possible children are encouraged to attend the ordinary day schools but where this is found to be impracticable residential placement is sought at one of the Special Schools which cater for such cases.

In this County there are 59 known spastic children who require special educational treatment, five of whom are awaiting Residential Special School placement. Fifteen children are in Special Schools catering for Physically Handicapped Children and five new cases were reported in 1959.

1959 B.C.G. SCHEME

Estimated number of children eligible	8,500
Number of consents received	3,697
Percentage of acceptances	42%
Number of children whose tuberculin tests were read —	
with positive result ...	520
with negative result ...	2,489
Percentage of positive results	17%
Percentage of negative results	83%
Number of children to whom B.C.G. given	2,434
Number of children left county, or absent	440
Number of children not yet tuberculin tested and to be included in 1960	248

MASS RADIOGRAPHY

Facilities were provided by the Regional Hospital Board at the following Centres for the Mass Radiography of certain secondary school children in their last year of school attendance:—

Taunton, Wellington and Wells.

The following Table shows the results:—

	Male	Female	Total
Miniature films	378	52	430
Tuberculous conditions:—			
Active	0	0	0
Inactive	2	0	2

As shown, only two cases of inactive tuberculosis were detected amongst the 430 children examined. Considerable thought is being given by all concerned as to the best means of employing these facilities provided by the Regional Hospital Board. It is felt in many quarters that the considerable effort involved should be more selective in its approach.

In the School Health Service, mass radiography has a very important part to play, particularly in the annual examination of all school staffs, and in the comprehensive investigations carried out whenever a case of tuberculosis occurs in a school.

MEDICAL INSPECTION AND TREATMENT RETURN FOR THE YEAR ENDED 31st DECEMBER, 1959

PART I. MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED AND ASSISTED PRIMARY AND SECONDARY (INCLUDING NURSERY AND SPECIAL) SCHOOLS

TABLE A. — PERIODIC MEDICAL INSPECTIONS

Age Groups Inspected (By year of birth)	No. of Pupils Inspected	Physical Condition of Pupils Inspected			
		Satisfactory		Unsatisfactory	
		No.	% of Col. 2	No.	% of Col. 2
(1)	(2)	(3)	(4)	(5)	(6)
1955 and later	11	11	100.0	—	—
1954	2,471	2,462	99.6	9	0.4
1953	2,317	2,299	99.2	18	0.8
1952	582	581	99.8	1	0.2
1951	214	213	99.5	1	0.5
1950	130	130	100.0	—	—
1949	1,658	1,652	99.6	6	0.4
1948	1,826	1,814	99.3	12	0.7
1947	531	530	99.8	1	0.2
1946	187	187	100.0	—	—
1945	2,125	2,116	99.6	9	0.4
1944 and earlier	2,807	2,804	99.9	3	0.1
TOTAL	14,859	14,799	99.6	60	0.4

TABLE B. — PUPILS FOUND TO REQUIRE TREATMENT AT PERIODIC MEDICAL INSPECTIONS

(excluding Dental Diseases and Infestation with Vermin)

Age Groups Inspected (By year of birth)	For Defective Vision (excluding squint)	For any of the other conditions recorded in Part II	Total Individual Pupils
(1)	(2)	(3)	(4)
1955 and later	1	1	2
1954	68	297	332
1953	74	296	330
1952	30	81	99
1951	11	25	28
1950	13	20	27
1949	121	190	286
1948	148	215	298
1947	52	60	101
1946	13	20	28
1945	170	198	326
1944 and earlier	238	173	363
TOTAL	939	1,576	2,220

TABLE C. — OTHER INSPECTIONS

Number of Special Inspections	5,658
Number of Re-inspections	5,126
TOTAL	10,784

TABLE D. — INFESTATION WITH VERMIN

(a) Total number of individual examinations of pupils in schools by school nurses or other authorised persons	132,809
(b) Total number of individual pupils found to be infested	361
(c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)	27
(d) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944)	0

PART II — DEFECTS FOUND BY MEDICAL INSPECTION DURING THE YEAR

TABLE A. — PERIODIC INSPECTIONS

DEFECT OR DISEASE	PERIODIC INSPECTIONS							
	Entrants		Leavers		Others		Total	
	(T)	(O)	(T)	(O)	(T)	(O)	(T)	(O)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
Skin	36	132	33	100	49	97	118	329
Eyes — (a) Vision ...	144	214	333	357	500	284	977	855
(b) Squint ...	98	42	7	26	58	33	163	101
(c) Other ...	12	39	12	38	21	37	45	114
Ears — (a) Hearing ...	16	96	6	29	19	59	41	184
(b) Otitis Media	17	148	10	35	16	62	43	245
(c) Other ...	26	67	33	43	28	41	87	151
Nose and Throat	141	874	26	153	91	431	258	1458
Speech	37	196	5	8	19	50	61	254
Lymphatic Glands ...	16	276	3	17	2	78	21	371
Heart ...	3	78	8	58	12	81	23	217
Lungs ...	48	267	10	57	35	136	93	460
Developmental — (a) Hernia	15	37	2	4	11	6	28	47
(b) Other	15	144	18	44	23	109	56	297
Orthopaedic — (a) Posture	32	91	39	145	104	162	175	398
(b) Feet	80	110	24	62	80	110	184	282
(c) Other	60	206	49	159	64	146	173	511
Nervous System (a) Epilepsy	8	13	12	10	9	5	29	28
(b) Other	5	33	9	36	7	49	21	118
Psychological — (a) Development	3	108	1	39	14	85	18	232
(b) Stability	11	213	0	93	14	144	25	450
Abdomen	5	69	1	35	9	52	15	156
Other	10	147	5	95	26	70	41	312

(T) Pupils found to require treatment. (O) Pupils found to require observation.

TABLE B. — SPECIAL INSPECTIONS

Defect or Disease (1)	Special Inspections	
	Requiring Treatment (2)	Requiring Observation (3)
Skin	58	120
Eyes — (a) Vision...	493	345
(b) Squint	49	29
(c) Other	22	64
Ears — (a) Hearing	28	78
(b) Otitis Media ...	8	55
(c) Other	21	66
Nose and Throat	129	548
Speech...	30	42
Lymphatic Glands	5	201
Heart	5	105
Lungs	42	168
Developmental — (a) Hernia ...	8	9
(b) Other ...	13	66
Orthopædic — (a) Posture	100	209
(b) Feet ...	49	64
(c) Other ...	80	163
Nervous System—(a) Epilepsy	13	11
(b) Other ...	25	60
Psychological — (a) Development	22	92
(b) Stability	37	132
Abdomen	17	55
Other	25	121

PART III — TREATMENT OF PUPILS ATTENDING MAINTAINED AND ASSISTED PRIMARY AND SECONDARY SCHOOLS (INCLUDING NURSERY AND SPECIAL SCHOOLS)

TABLE A. — EYE DISEASES, DEFECTIVE VISION AND SQUINT

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint	41
Errors of Refraction (including squint) ...	3,149
Total	3,190
Number of Pupils for whom spectacles were prescribed	1,715

PART III (continued)

TABLE B. — DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

	Number of cases known to have been dealt with
Received operative treatment —	
(a) for diseases of the ear	16
(b) for adenoids and chronic tonsillitis ...	919
(c) for other nose and throat conditions ...	60
Received other forms of treatment	438
Total	1,433
Total number of pupils in schools known to have been provided with hearing aids —	
(a) in 1959	8
(b) in previous years	48

TABLE C. — ORTHOPAEDIC AND POSTURAL DEFECTS

	Number of cases known to have been treated
(a) Pupils treated at clinics or out-patients departments	2,361
(b) Pupils treated at school for postural defects	116
Total	2,477

TABLE D. — DISEASES OF THE SKIN (EXCLUDING UNCLEANLINESS)

	Number of cases known to have been treated
Ringworm — Scalp	0
Body	5
Scabies	15
Impetigo	35
Other skin diseases	539
Total	644

APPENDIX (1) – THE SCHOOL ORTHODONTIC SERVICE

Mr. N. M. Poulter reports as follows:-

The Orthodontic Scheme of the Somerset County Council has now been working for over 10 years and it is felt that an Annual Report presents an opportunity to review the general orthodontic picture and in particular the conditions existing in the County of Somerset

Such a review would appear to fall naturally into three headings, namely, the aims of orthodontic treatment; the facilities available for carrying out these aims, and lastly the application of these to the County of Somerset.

It has long been an accepted fact that dental health is an important factor in maintaining general bodily health, and it is also an accepted fact that specialised treatment of orthodontics plays a major rôle in dental health – in the health not only of the teeth themselves but also in those tissues surrounding the teeth, and it is proposed to illustrate this fact with a few examples.

FIG. 1. BEFORE TREATMENT.

FIG. 2. AFTER TREATMENT.

Fig. 1 shows a case where, due to the protrusion of the upper front teeth, it is impossible for the patient to close the lips. This condition often leads to the mucous membrane in the vicinity of the upper and lower front teeth, normally hard and healthy, becoming soft, spongy, red and inflamed – a potential breeding ground for bacteria and of future paradontal disease. Following the backward movement of the upper anterior teeth the patient is able to close the lips and even if, for various reasons, the lip closure does not become complete, the improvement in the general gum condition is often very noticeable. (Fig. 2)

A high proportion of the orthodontic cases seen are of this nature and although details of treatment cannot be given here, such treatment often takes up to three years to complete.

FIG. 3. BEFORE TREATMENT.

FIG. 4. AFTER TREATMENT

Fig. 3 shows an example of a case where, for reasons too detailed again to be described in this Report, an overcrowded condition of the dentition is present. Such a condition again predisposes an unhealthy gum condition with the likelihood of paradontal disease, but also the irregular tooth position gives rise to pockets between the teeth, forming food traps, predisposing such teeth to decay. In such cases, orthodontic treatment, frequently by extraction followed by moving teeth into more normal positions, will prevent both the gum disease and the tooth decay. (Fig. 4) Such cases, again, are frequent and treatment may take between 2 — 3 years to complete.

Fig. 5 shows an example of yet another malocclusion, where orthodontic treatment is beneficial to the patient. The figure shows the upper front teeth behind the lower front teeth, due to the upper front teeth sloping inwards, making the patient, in order to masticate the food properly, thrust the lower jaw forwards into the position shown in the photograph. Orthodontic treatment with appliances moves the backward sloping upper front teeth forward and thus allows the lower jaw to meet the upper in its normal position, thereby not only removing any possible cause of irritation to the condyles but also altering the appearance of the patient. (Fig. 6)

The mention of the appearance of the patient leads to the second aim of orthodontic treatment — the aesthetic value. Orthodontic treatment is sometimes said to be mainly beautifying treatment. If this were true — and I hope the above examples have shown that there are other aims — but even if it were true, such an aim is surely justifiable. Can the social benefits of plastic surgery ever be doubted? Similarly the social benefits of orthodontic treatment are equally important. The child with protruding upper front teeth known as the "potato sticker", the child who would not smile because other children made fun of his teeth (Figs. 7 and 8);

FIG. 5. BEFORE TREATMENT

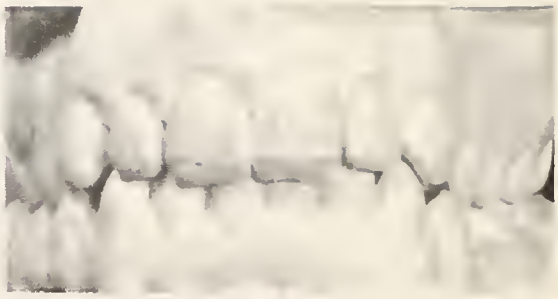

FIG. 6. AFTER TREATMENT

FIG. 7. BEFORE TREATMENT

FIG. 8. AFTER TREATMENT

the child whose teeth are "growing out like tusks" (Figs.-9 and 10);

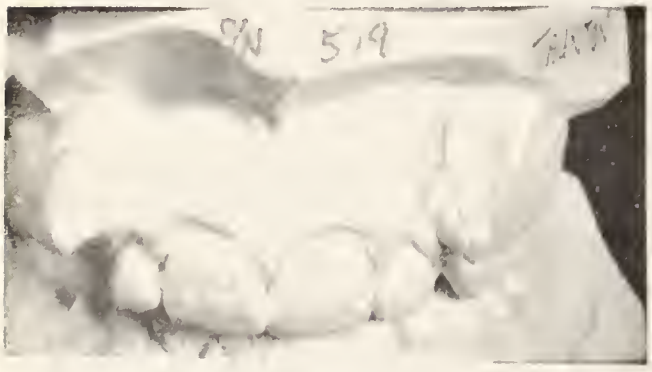

FIG. 9. BEFORE TREATMENT.

FIG. 10. AFTER TREATMENT

even the minor fault illustrated in Figs. 11 and 12 can cause worry to the child if the child becomes acutely sensitive to the malocclusion.

FIG. 11. BEFORE TREATMENT FIG. 12. AFTER TREATMENT

These are examples of the social needs for, and benefits of, orthodontic treatment.

These then, placed before you in a brief, and necessarily incomplete, resumé, are the aims of orthodontic treatment: to improve the efficiency of the teeth; to minimise the likelihood of paradontal disease and tooth decay; to improve the appearance, and so to help towards both the physical and mental health of the patient.

The means available for carrying out orthodontic treatment are from four sources — the teaching hospitals; general hospitals; the National Health Service and the School Dental Service.

The amount of orthodontic work carried out in teaching hospitals is naturally limited by the main objects of such hospitals, i.e. teaching. In general hospitals under the Regional Hospital Boards, the amount of orthodontic work can be very considerable, but only where facilities for such treatment exist and where consultants have been appointed.

By far the major part of the orthodontic treatment given in this country is carried out by dental surgeons under the National Health Service, and, because of the lack of trained orthodontists, must continue to be so for many years to come.

During recent years, and especially since the Education (Miscellaneous Provisions) Act, 1953, laid down in Section 4 that it was the duty of local authorities to provide a comprehensive system of free dental treatment, the facilities for orthodontic services have been greatly increased in the Local Authority Dental Service. Such treatment is, however, limited to those children at state maintained schools.

In a circular published on 12th July, 1955, the Ministry of Health envisaged an orthodontic scheme whereby orthodontic consultants appointed by the

Regional Hospital Board would be available to advise dental surgeons in both the National Health Service and the Local Authority Dental Service on the treatment of their cases and also to treat those cases of a more complex nature.

As you are well aware the Somerset County Council in its wisdom thought fit to make itself responsible and to this end appointed your County Orthodontist, and it is now my pleasure to report to you that the services of the County Orthodontist are sought by many dental surgeons working in the National Health Service in Somerset in addition to the advice sought by and cases treated for those surgeons employed by your Council. It is a pleasure to report such a state of affairs, for such an arrangement forms a bond between those working in the Local Authority and those working in the National Health Services. Such help as the County Orthodontist can give, however, is limited by the fact that it must be restricted to those children in state maintained schools, leaving out, thereby, the many children who are educated at non-maintained schools, of which there are many in Somerset.

The methods used whereby advice is given to the County Dental Officers and whereby orthodontic cases are referred to the County Orthodontist for treatment have been outlined in previous Reports and it is not proposed to lengthen this Report by repetition, but again it is my pleasure to state that the Scheme continues to work harmoniously and I would take this opportunity to express my gratitude to the dental staff for their wholehearted co-operation.

The figures for the orthodontic work carried out during the year 1959 are set out in another part of this Report but the figures for orthodontic work done by the County Orthodontist are:-

No. of cases treated	798
No. of new cases treated ...	217
No. of cases completed ...	132
No. of attendances for orthodontic treatment	4,069
No. of fixed appliances ...	35
No. of removable appliances	456
Total No. of appliances ...	491

I would like to thank the Technician-in-Charge and members of the Laboratory for their work on orthodontic appliances during the year, and lastly I would express my thanks to the Chief Dental Officer for his co-operation, enthusiasm and help in running the Orthodontic Service of your County.

APPENDIX (2) – PHYSICAL EDUCATION

The following are extracts from the Report of the Chief Education Officer for the year ended 31st December, 1959:-

" PRIMARY SCHOOLS.

The exceptionally fine weather in the summer was a great help in carrying out work with a good standard of changing for the P.E. lessons resulting in many suntanned backs."

"Where juniors can have swimming instruction results are good. In one school using an open air unheated bath, of 35 non-swimmers 20 learnt to swim between Whitsun and the end of July. In a junior school where a training pool was built in the garden and the children were able to use it more than once a week, of 38 non-swimmers 25 could swim a width or more and all but three of the remainder could swim a few strokes by the end of term."

"SECONDARY SCHOOLS.

At the 22 Modern Schools and two Grammar Schools built since the war very good playing fields have been laid out for organised games and athletics.

From money provided in the estimates, issues of clothing suitable for work in the gymnasia have been made but many girls and boys provide their own games kit such as pleated shorts or skirts for hockey and shirts for football. School cricket teams turn out in white for matches."

"SWIMMING.

In swimming five more schools embarked on building pools (Stanchester – Stoke-sub-Hamdon, Askwith – Taunton, Glastonbury Secondary Modern, Hamp Junior, Bridgwater, and Kelston Road, Keynsham), making a total of 23. At one school in Taunton which had completed a pool the year before, 59 boys and girls learnt to swim. It is encouraging to note that of these 31 are in the D, E and F streams at this school. The Headmaster at another school, where the nearest public bath is at Street, using its pool for the first season taught 29 girls and 38 boys to swim. Before the pool opened only 100 children in the school of 328 could swim; by the end of term this number had increased to 167. From 25th May every class had two sessions a week, 15 minutes each for swimmers and non-swimmers. Sessions after school hours were arranged twice a week for boys and the same for girls. Of the remaining 12 schools which cannot provide swimming instruction, five have applied for the 1959 – 60 grant and several more are considering the project.

Life Saving training was carried out in 12 grammar and 4 modern schools resulting in the award of 84 R.L.S.S. Bronze Medallion Certificates."

"OUTDOOR ACTIVITY CAMPS.

The youth camps for boys and girls arranged in August were most successful. Not all the boys who applied could be accepted but it is noticeable that the majority of applications from both boys and girls are from those still at school. On a long term policy with the building up of individual school camping it is hoped that there will be a greater demand from school leavers to attend the County Camps."

"TEACHERS' COURSES.

A very steady enthusiasm is shown by the teachers both in primary and secondary schools for physical education as manifest by the attendance at Area and County Training Courses.

A follow up to the Dillington House Camping Course for Teachers was made at Chew Magna during an activity week-end when 18 teachers took part in lightweight camping, orienteering canoeing and caving.

DILLINGTON HOUSE	ATTENDANCE
Positive Health (Heads and Senior Assistants)	41
Netball	45

AREA COURSES

Folk Dancing (3 areas)	129
Primary P.E. (2 areas)	135
Senior Girls Movement Training	14
" " Modern Dance	17
Senior Boys Basketball	12
" " Canoe Building	14

Two women teachers are away on a 3rd year Specialist P.E. Course and several men and women attended local C.C.P.R. Recreational Courses in Swimming and Keep Fit work.

An interesting development was a half-day course run for the teachers in the Training Centres conducted by the Health Department. The teachers have asked if it could be repeated.

A course was carried out in the Bruton area to train new Keep Fit leaders. Promising members of Keep Fit classes were asked to volunteer. Of those who took part, 5 agreed at the end of the course to instruct in Evening Classes. There is now a national demand for more classes of this nature.

A one-day course for officers responsible for the West of England Girls' Life Brigade P.E. programme was organised in Devon.

Lectures have been given on various aspects of P.E. to Parent-Teachers' Associations, young wives' groups, Women's Institutes, etc.

In co-operation with the C.C.P.R., two indoor courses on Golf proved very popular in Taunton, also one in Yeovil and one at Keynsham."